

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013945	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/01/2024
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NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF EAST FISHERS	STREET ADDRESS, CITY, STATE, ZIP CODE 12950 TALBLICK STREET FISHERS, IN 46037
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00410420 on 8/2/23.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaints IN00419078, IN00417996, IN00418354 and IN00417289 on 10/6/23.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00421699, IN00421835, IN00423264, IN00423452, and IN00423726 completed on 2/1/2024</p> <p>Complaint IN00410420 - Corrected.</p> <p>Complaint IN00417996 - Corrected</p> <p>Complaint IN00417289 - Corrected</p> <p>Complaint IN00419078 - State deficiencies related to the allegations are cited at R0091.</p> <p>Complaint IN00418345 - State deficiencies related to the allegations are cited at R0091.</p> <p>Complaint IN00421699 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421835 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00423264 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00423452 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00423726 - No deficiencies related</p>	{R 000}		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{R 000}	<p>Continued From page 1</p> <p>to the allegations are cited.</p> <p>Survey date: January 31 and February 1, 2024</p> <p>Facility number: 013945</p> <p>Residential Census: 68</p> <p>Independence Village Of East Fishers was found to be in compliance with 410 IAC 16.2-5 in regards to the PSR to the State Residential Licensure Survey and Investigation of Complaint IN00410420.</p> <p>Quality review completed on February 5, 2024</p>	{R 000}		